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Bib Data Sheet

CONFIRMATION NO. 3130

<b>SERIAL NUMBER</b> 10/679,268	<b>FILING OR 371(c) DATE</b> 10/07/2003 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2132	<b>ATTORNEY DOCKET NO.</b> 62922.4
<b>APPLICANTS</b> Anthony C. Fascenda, North Bethesda, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,583 10/08/2002 and claims benefit of 60/477,921 06/13/2003 and claims benefit of 60/422,474 10/31/2002 <i>Kn</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none Kn</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/31/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and <i>Kn</i> Acknowledged <i>Kn</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 21967				
<b>TITLE</b> Shared network access using different access keys				
<b>FILING FEE RECEIVED</b> 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	